

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate RAY ROGERS
 Address 3403 LANELL LANE - PEARL, MS 39208
 Telephone 601-939-9633 Fax 601-932-1060
 Contact Name RAY ROGERS Email rogers3403@comcast.net
 Office Sought STATE REPRESENTATIVE Political Party REPUBLICAN



☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,100.00 +\$	\$ 4,100.00	\$ 4,100.00
Total amount of disbursements	\$ 1,861.45 +\$ 2,116.73	\$ 3,978.18	\$ 3,978.18
Total amount of cash on hand		\$ 26,689.33	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Ray Rogers

Date 1/31/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Ray Rogers
 Reporting period 1/01/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>Dennis + M. Bee Auto Electric</u>	Date (Mo., Day, Year) <u>11/28/10</u>	Amount of each disbursement this period \$ <u>701.20</u>
Mailing Address <u>114 Fairmont Plaza</u>	<u>11/28/10</u>	\$
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>11/28/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>John Downs</u>	Date (Mo., Day, Year) <u>11/24/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>101 Eagle Pointe Loop</u>	<u>11/24/10</u>	\$
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>11/24/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>John Downs</u>	Date (Mo., Day, Year) <u>12/17/10</u>	Amount of each disbursement this period \$ <u>652.67</u>
Mailing Address <u>133 Deer Run</u>	<u>12/17/10</u>	\$
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>12/17/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Alpha Graphics</u>	Date (Mo., Day, Year) <u>8/17/10</u>	Amount of each disbursement this period \$ <u>207.58</u>
Mailing Address <u>148 S. Pearson Rd., Suite C</u>	<u>8/17/10</u>	\$
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>8/17/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Ray Rogers
 Reporting period 01/01/2010 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>9/27/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 68429</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Schaumburg, Illinois 60168</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u></u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u></u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS PAC</u>	<u>10/25/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>175 E. Capital St., Landmark Ctr., Room 703</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u></u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u></u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Genova - Both Ventures, Inc.</u>	<u>10/25/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>6950 W. 56th Street</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Mission, KS 66202</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u></u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u></u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Retrieval Client Services, Inc.</u>	<u>10/25/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>6601 W. Broad St.</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Richmond VA 23230</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u></u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u></u>	Aggregate year-to-date	\$

Name of Candidate or Committee Ray Rogers
 Reporting period 1/10/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Union Finance Co., Inc.</u>	<u>10/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 40</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Union, MS 39365</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>	<u>12/22/10</u>	\$ <u>200⁰⁰</u>
Mailing Address	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bail Agents Assn.</u>	<u>12/22/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>413 S. President St., Suite 111</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>	<u>12/31/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>PO Box 61270</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Ray Rogers
 Reporting period 11/01/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast - One Comcast Center</u>	<u>2/19/10</u>	\$ <u>2.00⁰⁰</u>
Mailing Address <u>1701 John F. Kennedy Blvd.</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Chiropractor, Pac</u>	<u>11/26/10</u>	\$ <u>2.00⁰⁰</u>
Mailing Address <u>4294 Lakeland Dr.</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Farmersburg, MS 39232</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western R/R Co.</u>	<u>11/26/10</u>	\$ <u>2.50⁰⁰</u>
Mailing Address <u>P.O. Box 5025</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Troy Michigan 48067-5025</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Power Company</u>	<u>10/28/10</u>	\$ <u>2.50⁰⁰</u>
Mailing Address <u>P.O. Box 4079</u>	<u> 1 1 </u>	\$
City, State, Zip Code <u>Buckharts, MS 39502</u>	<u> 1 1 </u>	\$
Name of Employer (Required)	<u> 1 1 </u>	\$
Occupation (Required)	Aggregate year-to-date	\$